

Should Mammography Screening Be Promoted If Quality Assurance Is Lacking?

"Developing Cancer Control Capacity in State and Local Public Health Agencies," describes a project costing \$1.35 million aimed at researching and improving mammography and cervical cancer screening practices in older women (*Public Health Reports*, January-February 1992, pp. 15-23). It appears that, while relying on the unsubstantiated claims of others, the project researchers came to the conclusion that mammography screening is a safe and reliable procedure for the early detection of breast cancer. Unfortunately, this is not the case.

The article "Mammography Saves Lives," FDA Consumer, July-August 1991, revealed that "State surveys supported by the FDA found that the average score of images produced by mammography machines climbed from 7.8 in 1985 to 9.9 in 1990. (The range of scores is 0 to 16, with a score of 8 considered acceptable)."

The fact is that only high quality mammography (image scores 14-16) can detect a significant fraction of cancers in their early stages. Therefore, in 1990, very few facilities, if any, delivered high quality images. In many cases, women have been exposed to excessive radiation without the benefit of proper diagnostic information.

It cannot be denied that we are experiencing a breast cancer epidemic. For example, in 1979 about 90,000 women, or one in 14, developed breast cancer during their lifetimes ("Progress Against Breast Cancer," DHEW Publication No. 79-1621) as compared to 175,000, or one in 9, during their lifetime in 1991.

Obviously, mammography screening has not lived up to its expectations other than having become a lucrative business for many health providers. There is no justification for the promotion of mammography screening as long as legislation to mandate quality assurance is not enacted and strictly enforced.

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Meissner Replies

Our article, "Developing Cancer Control Capacity in State and Local Public Health Agencies," focussed on a grant program to enhance the technical capabilities of public health departments in cancer prevention and control—not on researching the effectiveness of screening mammography. However, it is true that many of the grantees chose to address breast cancer detection in their interventions. In doing so, they based their interventions on the current science.

The efficacy of mammographic screening has been established by randomized controlled trials, which show

that mortality due to breast cancer can be reduced through the use of mammography and clinical breast examination. The optimal frequency for screening is still open for debate, as are the lower age (younger than 50 years) and the upper age (older than 75 years) for which mammography is recommended. However, there is universal agreement in the scientific and medical communities that women older than 50 years will benefit from regular mammograms.

Certainly, achievement of the potential benefits of screening mammography requires proper functioning and operation of the equipment, image quality, and interpretation. Federal and State legislation, as well as the voluntary accreditation program supported by the American College of Radiology (ACR), reflects the importance of assuring mammographic quality; in fact, the FDA Consumer article cited shows that mammography quality has improved significantly in recent years. Because the ACR accreditation process is voluntary and currently backlogged, many facilities of high quality have applications pending. Women thinking of using a non-accredited facility should inquire if they are using dedicated equipment, if the technologist is certified by the American Registry of Radiological Technologists or licensed by the State, if the radiologist who reads the mammograms is specifically trained to do so, if the facility performs at least 10 mammograms each week, and if the machine is calibrated at least once a year. To help women find approved screening programs, ACR provides an updated list of its accredited facilities to the National Cancer Institute (NCI) each month. The public can call the Cancer Information Service at 1-800-4-CANCER to find out if a facility in a given area is ACR-accredited. Given the fact that about 1 of every 9 women will develop breast cancer during her lifetime, and that mammographic screening of asymptomatic women is known to be effective in reducing mortality, the NCI and many other organizations believe that promotion of mammography is essential if we are to reduce deaths from this disease.

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Taking Exception to Chronic Fatigue Syndrome Prevalence Findings by Price, et al.

We would like to address some serious methodological issues in the article, "Estimating the Prevalence of Chronic Fatigue Syndrome and Associated Symptoms in the Community," by Rumi K. Price, et al., published in the September-October issue of *Public Health Reports*. We believe that because of the deficiencies in the design